Bulletin No. 8 February 26, 1997

Alcohol and Drug use Among Alaska Adolescents

Introduction

The Youth Risk Behavior Survey (YRBS) assesses the most important health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth in the United States. In 1995, Alaska implemented the survey for the first time among high school and middle school students¹. The survey sampled a representative group of high school and middle school students (1,634 high school and 1,265 middle school students).

Alcohol and Drug Use Among Alaska High School Students

Alaska high school students were similar to U.S. students in their reported use of alcohol and other drugs (Table 1). The behaviors of Alaska Native students in relation to alcohol and other drugs were similar to other students in Alaska and the US. About half of Alaska high school students reported using alcohol in the past 30 days, and about 30 percent reported using marijuana.

Table 1. Alcohol and drug use among Alaska and U.S. high school students: 1995

	Alaska	Alaska Natives	U.S.			
	Percent of Students					
Episodic ^a Heavy Drinking	31	31	33			
Current* Alcohol Use	48	44	52			
Current* marijuana Use	29	29	25			
Ever Used Cocaine	8	7	7			
Current* Cocaine Use	3	2	3			
Ever used inhalants	22	19	20			
Ever used Crack	5	5	5			
Ever used Steroids	4	3	4			
Ever injected Drugs	2	1	2			
* Used in the last 30 days a 5 or more drinks on one occasion at least once in past 30 days						

Alcohol and Drug use Among Alaska Middle School Students

Over two thirds (68%) of middle school students (grades 7 and 8) reported ever having had a drink of alcohol (the alcohol question excluded drinking wine for religious reasons). The next most common drugs reported having been used were marijuana (26.1%) and inhalants (19.6%). Cocaine (6.8%), crack (4.4%), steroids (4.3%) and injected drugs (2.7%) were also reported to have been used by middle school students.

Other Behaviors Associated with Alcohol and Drug Use Among Alaska High School Students

Those who reported current use of alcohol and other drugs were more likely to report other high risk behaviors (Table 2). Those who reported using alcohol, for example, were more likely also to report using tobacco and be sexually active, compared to students who reported not using alcohol.

Table 2. High risk behaviors associated with alcohol and drug use among Alaska high school

students							
		Alcohol Use in past 30 days		Marijuana Use in past 30 days			
		Yes(%)	No(%)	Yes(%)	No(%)		
Physical Fighting ^a	Boys	57	31	61	37		
	Girls	35	17	42	20		
Current smokers ^b	Boys	56	14	72	19		
	Girls	57	19	78	23		
Sexual Intercourse ^c	Boys	63	30	53	18		
	Girls	63	34	52	23		
Seriously Considered Suicided	Boys	21	11	30	9		
	Girls	41	26	44	29		
^a One or more times in past 12 months							

^bAt least once in past 30 days

In past 3 months

dWithin past 12 months

Discussion

These findings indicate that multiple high risk behaviors tend to cluster in individuals. The tendency to engage in multiple risk or problem behaviors characterizes adolescents at risk². Efforts to reduce risk behaviors need to address social, cultural and environmental circumstances that influence these behaviors. Success in reducing high risk behaviors requires a focused, sustained, concerted campaign that integrates the efforts of parents, families, schools, health and social service agencies, religious organizations, media, and young people themselves.³

References

- 1. Youth Risk Behavior Survey Alaska Report 1995. Alaska Department of Health and Social Services and Department of Education, Feb. 1996. 2. Dryfoos, J.: Adolescents at risk: Prevalence and Prevention. Oxford Press, New York, NY. 1990.
- 3. Kolbe, Lloyd J; Kann, Laura; and Collins, Janet L.: Overview of the Youth Risk Behavior Surveillance System Public Health Rep 108: (Supplement 1) 2-10, 1993.

The Youth Risk Behavior Survey (YRBS), 1995

To obtain a copy of the full YRBS report, contact the State of Alaska, Section of Epidemiology, 3601 C Street, Suite 540, P.O. Box 240249, Anchorage, Alaska 99502-0249, phone (907) 269-8000, FAX (907)562-7802.

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Return to the Epidemiology Bulletin Index